FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **S70712** **(2)**

1. Corporation Name
CITREX, INC.

Principal Place of Business
881 BELLE MEAD ISLAND
MIAMI FL 33138

Mailing Address
881 BELLE MEAD ISLAND
MIAMI FL 33138

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/26/1991**

3a. Date of Last Report: **02/13/1995**

4. FEI Number: **65-0299750** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WASSERMAN, JEFFREY P.
4000 HOLLYWOOD BLVD.
SUITE 610-N
HOLLYWOOD FL 33021

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (Date)

12. OFFICERS AND DIRECTORS

PD
TAMAMES, FERNANDO, III
881 BELLE MEADE ISLAND
MIAMI FL
☐ DELETE

STD
TAMAMES, FERNANDO,
881 BELLE MEADE ISLAND
MIAMI FL
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

2-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

3-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

4-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

5-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

6-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with my address.

SIGNATURE: [signature] FERNANDO TAMAMES V.P. 2/6/96 305-7597724.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)